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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 09/631,747 08/04/2000 PAT 6,326,385
 which claims benefit of 60/147,221 08/04/1999
 and claims benefit of 60/158,712 10/08/1999
 and claims benefit of 60/165,847 11/16/1999

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 09/13/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NC	SHEETS DRAWING 12	TOTAL CLAIMS 82	INDEPENDENT CLAIMS 2
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Verified and Acknowledged
 Examiner's Signature _____ Initials _____

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 SAN FRANCISCO , CA
 94111-3834

TITLE
 Methods for treating or preventing pain and anxiety

<input type="checkbox"/> All Fees

<p>FILING FEE</p> <p>RECEIVED 913</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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